

Name - Address - Employment Change & Duplication Request Form

STATE MAIL IS NOT FORWARDED TO ANY OTHER ADDRESS
AND IT IS RETURNED TO THIS OFFICE.

For name change, please include duplication of legal documentation. (Marriage License, Divorce Decree, or other legal papers). **RSA 328-F:21 Administrative Obligations of Licensees.** I. Licensees shall maintain their current business and home addresses on file with their governing boards. Any changes in address shall be provided to the office **no later than 30 days** from the date of the change. II. Licensees shall notify their governing boards if licenses or other proof of licensure are lost or stolen.

General Information-Please print legibly.

Name _____ Social Security # _____

Profession _____ License # _____

Name Change (First, Middle, Last)

From _____

To _____

Reason: Correction/Marriage/Divorce/Other. Explain _____

Address Change

New Address _____ Apt# _____

Physical location and PO Box for mailing if applicable

City _____ State _____ Zip _____

Home phone# _____ Effective Date _____

Employment Change

Employer Name _____

Address _____ Suite # _____

City _____ State _____ Zip _____

Work phone# _____ Effective Date _____

Replacement Wall Certificate

How do you wish your name to appear _____

Fee- \$25 check made payable to "Treasurer-State of NH"

Replacement License Pocket Card

How do you wish your name to appear _____

Fee-\$2 check made payable to "Treasurer-State of NH"

Signature of applicant

Date

Please forward this form to:

Office of Allied Health Professionals
2 Industrial Park Drive
Concord NH 03301
(603) 271-8389